

NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 24, 2003

RE: MDR Tracking #: M2-03-1228-01-ss
IRO Certificate #: 5242

_____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to _____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

_____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an anesthesiologist/pain management physician reviewer who is board certified in anesthesiology/pain management. The anesthesiologist/pain management physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 42 year old is status post injury of _____. She has persistent back and leg pain that did not respond to conservative measures including epidural steroid injections. An MRI shows a herniation at L5/S1 with posterior deflection of the S1 nerve roots bilaterally. On physical exam, a sensory defect is present in an L5 and S1 distribution. Diagnostic discography revealed a pain response of 7 at L4/5 that was concordant at low pressures. An annular tear was noted. At L5/S1 there was also concordant pain rated 8/10 with an annular tear and subligamentous herniation.

Requested Service(s)

L4/5 and L5/S1 coblation nucleoplasty

Decision

I agree with the insurance carrier that nucleoplasty at L4/5 and L5/S1 is not medically necessary.

Rationale/Basis for Decision

This individual has high levels of concordant pain at L4/5 with no evidence of herniation. Therefore, nucleoplasty is not indicated. Nucleoplasty is indicated for contained subligamentous herniation. The L5/S1 level has a subligamentous herniation and high level of pain on discography. Even if the coblation were performed, the claimant would still have pain at the L4/5 level. Therefore, even under the best of circumstances, the coblation procedure at L5/S1 would not address a major component of her pain which is emanating from L4/5. In addition, there are conflicting reports in the literature regarding this procedure. My personal experiences with other members of my group who have performed this procedure using strict criteria are disappointing. Only 1 out of 5 patients achieved any pain relief. In summary this procedure is not medically necessary because this procedure has not shown to be efficacious and, even if it were, this claimant is not a candidate for this procedure due to disc degeneration with significant pain response at the L4/5 level which not amenable to coblation nucleoplasty.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.